

## How to request a qualified medical evaluation

You may request a medical evaluation:

1. If your claim is delayed or denied and you need a medical evaluation to find out if the claim is payable
2. To find out if you are permanently disabled in some way or if you'll need future medical treatment
3. If you disagree with what your treating physician says about your medical condition
4. If you disagree with the results of utilization review (see I&A fact sheet A).

The physician performing this evaluation is called a qualified medical evaluator (QME). Read the Division of Workers' Compensation (DWC) Medical Unit QME fact sheet to learn more about QMEs.

To receive a list of QMEs to choose from, complete the attached form and mail it to the DWC Medical Unit. Ask your treating physician to help if you don't know what kind of doctor should look at your injury.

You might also need to see a QME if the insurance company disagrees with something in your claim. In that case, the insurance company will give you the form to request a QME. When this happens, you have 10 days to request a QME list by sending the form to the DWC Medical Unit. If you don't send the form within 10 days of receiving it, the insurance company will have the right to request the QME list and select the kind of doctor you'll see.

Within 15 working days of the request, the DWC Medical Unit will send a list (also called a panel) of three QMEs to you and the insurance company. QME lists are randomly selected and do not represent your employer or the insurance company.

You have 10 days from the date the list is printed and mailed to select a QME from the list, make an appointment and tell the insurance company which doctor you picked, and the date of your appointment. If you don't do this within 10 days, the insurance company will have the right to pick the doctor you'll see and make the appointment.

Please make a copy of your QME request for your records and mail your original request to:

DWC Medical Unit  
P.O. Box 71010  
Oakland, CA 94612  
1-800-794-6900

If you need help, call an Information and Assistance (I&A) office, or attend a workshop for injured workers. The local I&A phone numbers are listed on the back of this guide. You can get information on a local workshop from the I&A office or on the Web at [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc).

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those presented here.

## DIVISION OF WORKERS' COMPENSATION DISTRICT OFFICES

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**ANAHEIM, 92801-1162**

1661 N. Raymond Ave., Suite 202  
Information & Assistance Unit **(714) 738-4038**

**BAKERSFIELD, 93301-1929**

1800 30<sup>th</sup> Street, Suite 100  
Information & Assistance Unit **(661) 395-2514**

**EUREKA, 95501-0481**

100 "H" Street, Suite 202  
Information & Assistance Unit **(707) 441-5723**

**FRESNO, 93721-2280**

2550 Mariposa Street, Suite 4078  
Information & Assistance Unit **(559) 445-5355**

**GOLETA, 93117-3018**

6755 Hollister Avenue, Suite 100  
Information & Assistance Unit **(805) 968-4158**

**GROVER BEACH, 93433-2261**

1562 W. Grand Avenue  
Information & Assistance Unit **(805) 481-3380**

**LONG BEACH, 90802-4339**

300 Oceangate Streets, Suite 200  
Information & Assistance Unit **(562) 590-5240**

**LOS ANGELES, 90013-1105**

320 West 4<sup>th</sup> Street, 9<sup>th</sup> Floor  
Information & Assistance Unit **(213) 576-7389**

**MARINA DEL REY, CA 90292**

4720 Lincoln Blvd. 2<sup>nd</sup> floor  
Information & Assistance Unit **(310) 482-3858**

**OAKLAND, 94612-1402**

1515 Clay Street, 6<sup>th</sup> Floor  
Information & Assistance Unit **(510) 622-2861**

**OXNARD, 93030**

2220 East Gonzales Road, Suite 100  
Information & Assistance Unit **(805) 485-3528**

**POMONA, 91766-1601**

732 Corporate Center Drive  
Information & Assistance Unit **(909) 623-8568**

**REDDING, 96001-2796**

2115 Civic Center Drive, Suite 15  
Information & Assistance Unit **(530) 225-2047**

**RIVERSIDE, 92501-3337**

3737 Main Street, Suite 300  
Information & Assistance Unit **(951) 782-4347**

**SACRAMENTO, 95825-2403**

2424 Arden Way, Suite 230  
Information & Assistance Unit **(916) 263-2741**

**SALINAS, 93906-2204**

1880 North Main Street, Suites 100 & 200  
Information & Assistance **(831) 443-3058**

**SAN BERNARDINO, 92401-1411**

464 West Fourth Street, Suite 239  
Information & Assistance Unit **(909) 383-4522**

**SAN DIEGO, 92108**

7575 Metropolitan Drive, Suite 202  
Information & Assistance Unit **(619) 767-2170**

**SAN FRANCISCO, 94102-7002**

455 Golden Gate Avenue, 2<sup>nd</sup> Floor  
Information & Assistance Unit **(415) 703-5020**

**SAN JOSE, 95113-1482**

100 Paseo de San Antonio, Suite 241  
Information & Assistance Unit **(408) 277-1292**

**SANTA ANA, 92701-4070**

28 Civic Center Plaza, Suite 451  
Information & Assistance Unit **(714) 558-4597**

**SANTA ROSA, 95404-4760**

50 "D" Streets, Suite 420  
Information & Assistance Unit **(707) 576-2452**

**STOCKTON, 94202**

31 East Channel Street, Suite 344  
Information & Assistance Unit **(209) 948-7980**

**VAN NUYS, 91401-3373**

6150 Van Nuys Blvd., Suite 105  
Information & Assistance Unit **(818) 901-5374**



IMC FORM 106

# Request for Qualified Medical Evaluator

(Please Complete Form/Type or Print)

## EMPLOYEE INFORMATION

TODAY'S DATE \_\_\_\_\_

DATE OF INJURY (LIST ONLY ONE) (Requests without month/day/year of injury will be returned).

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

(AREA CODE) PHONE # \_\_\_\_\_

If currently residing out of state, list residence at the time of injury:

CITY, ZIP CODE \_\_\_\_\_

## EMPLOYER INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

(AREA CODE) PHONE # \_\_\_\_\_

## INSURER or CLAIMS ADMINISTRATOR INFORMATION

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

(AREA CODE) PHONE # \_\_\_\_\_ CLAIM NUMBER \_\_\_\_\_

This Section to be Filled out by the Injured Worker ONLYPlease list ONLY ONE specialty (Insert three letter code from the back of this form)

Specialty Physician

Requested: \_\_\_\_\_

Signature of Injured Worker \_\_\_\_\_

**PLEASE NOTE:** Panels will be issued in the area of the injured worker's residence. If the injured worker resides out of state the panel will be issued in the area of residence at time of injury. If due to special circumstances another city is required please attach letter of agreement from the carrier and the city and zip code being requested.

If the IMC does not issue a panel within 15 working days after this request is received by the IMC, you are entitled to select a QME of your choice. Send this completed form to:

## INDUSTRIAL MEDICAL COUNCIL

Executive Medical Director

P. O. Box 8888

San Francisco, CA 94128-8888

(650) 737-2700 or (800) 794-6900

(650) 737-2707 FAX

# For Use with the QME Panel Request Form

## MD/DO SPECIALTY CODES

MAI	Allergy and Immunology
MAA	Anesthesiology
MRS	Colon & Rectal Surgery
MDE	Dermatology
MEM	Emergency Medicine
MFP	Family Practice - MD
OFP	Family Practice - DO
OFM	Family Practice - DO - Including Osteo- pathic Manipulation
MPM	General Preventive Medicine
MOH	Hand - Orthopaedic Surgery
MPH	Hand - Plastic Surgery
MSH	Hand - Surgery
MMM	Internal Medicine
MMV	Internal Medicine - Cardiovascular Disease
MME	Internal Medicine - Endocrinology Diabetes and Metabolism
MMG	Internal Medicine - Gastroenterology
MMH	Internal Medicine - Hematology
MMI	Internal Medicine - Infectious Disease
MMO	Internal Medicine - Medical Oncology
MMN	Internal Medicine - Nephrology
MMP	Internal Medicine - Pulmonary Disease
MMR	Internal Medicine - Rheumatology
MOQ	Medicine - Otherwise Qualified
MPN	Neurology
MNS	Neurological Surgery
MNM	Nuclear Medicine
MOG	Obstetrics and Gynecology
MPO	Occupational Medicine
MOP	Ophthalmology
MOS	Orthopaedic Surgery
MOB	Orthopaedic Surgery - Including Back
MTO	Otolaryngology
MAP	Pain Management - Anesthesiology
MPP	Pain Management - Pain Medicine
MHA	Pathology
MEP	Pediatrics
MPR	Physical Medicine & Rehabilitation
MPS	Plastic Surgery
MPD	Psychiatry
MRY	Radiology
MSY	Surgery
MSG	Surgery - General Vascular
MTS	Thoracic Surgery
MPT	Toxicology - Occupational Medicine
MET	Toxicology - Emergency Medicine
MUU	Urology

## NON-MD/DO SPECIALTY CODES

\*denotes a doctor of chiropractic who has completed a chiropractic post-graduate specialty program

ACA	Acupuncture
DCH	Chiropractic
DCN	Chiropractic - Neurology*
DCO	Chiropractic - Orthopaedic *
DCR	Chiropractic - Radiology*
DCS	Chiropractic - Sports Medicine*
DCT	Chiropractic - Rehabilitation*
DEN	Dentistry
OPT	Optometry
POD	Podiatry
PSY	Psychology
PSN	Psychology - Clinical Neuropsychology